

BPA VACANCY ANNOUNCEMENT (#002555-04-DE-A1*)

U.S. DEPARTMENT OF ENERGY BONNEVILLE POWER ADMINISTRATION

POSITION AND LOCATION: Contract Specialist, GS-1102-13, Vancouver, WA

OPENING DATE: CLOSING DATE: ANNUAL PAY RATE: 04/12/04 04/28/04 GS-13: \$72,146 - \$93,791

Selections at Bonneville Power Administration (BPA) are based on merit and are accomplished without regard to political, religious, or union affiliation or non-affiliation, marital status, race, color, national origin, sex, sexual orientation, age, or non-disqualifying physical disability; nor will such action be based upon any personal relationship, patronage, or nepotism.

WHO MAY APPLY: All US Citizens

<u>POSITION LOCATION:</u> Transmission Business Line, Supply Chain Services, Supply Chain Operations, Sourcing Services—TLOS

NOTES:

*This announcement has been amended to include part "D" of the Basic Requirements and extend the open period.

The full performance level of this position is GS-13.

No relocation expenses will be paid.

This is a Technical Career Path (TCP) position.

Confidential Financial Disclosure: Selectee will be required to complete the Office of Government Ethics Standard Confidential Financial Disclosure Report (OGE450e) within 30 days of employment and annually.

Competency-based Learning From Experience (LFE) interviews will be conducted.

Education obtained outside the United States: If your education has been obtained outside the U.S., you must submit proof with your application that your transcripts have been evaluated by a private organization that specializes in interpretation of foreign educational credentials and have been deemed at least equivalent to that gained in conventional U.S. education programs.

This agency provides reasonable accommodations to applicants with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please notify the agency. The decision on granting reasonable accommodation will be on a case-by-case basis.

<u>CAREER TRANSITION ASSISTANCE PROGRAM (CTAP)/INTERAGENCY CAREER TRANSITION ASSISTANCE</u>
<u>PROGRAM (ICTAP):</u> Displaced or surplus employees who may be entitled to consideration under CTAP/ICTAP must meet the OPM and BPA requirements for consideration. In order to receive consideration, displaced/surplus employees must apply for consideration. For additional information, please refer to www.opm.gov or to www.jobs.bpa.gov. You may also call the point of contact for this position for CTAP/ICTAP information and assistance.

CONDITIONS OF EMPLOYMENT:

If selected, you will be required to complete a Declaration for Federal Employment (OF 306, revised 1/01) to determine your suitability for Federal employment and to authorize a background investigation. You will be asked to sign and certify the accuracy of all information in your application. If you make any false statement in any part of your application, you may not be hired; or you may be fined, jailed, or fired after you begin work. The correct version of the OF-306 form is available at: http://www.opm.gov/forms/pdf_fill/of0306.pdf

<u>Veteran's Preference:</u> A 5-point preference is granted to veterans who entered military service prior to October 14, 1976, or who served in a military action for which they received a Campaign Badge or Expeditionary Medal, or who served on active duty during the Gulf War from August 2, 1990 through January 2, 1992 and who served continuously for a minimum of 24 months or for the full period for which called or ordered to active duty. You may be entitled to a 10-point veteran's preference if you are a disabled veteran or Purple Heart recipient or you are the widow, widower, or mother of a deceased veteran. You must submit a Standard Form 15 (SF-15) and documented proof of your claim.

MAJOR DUTIES: This position is located in Supply Chain Services, Bonneville Power Administration. The incumbent serves as a Contracting Officer (CO), or as a Contracting Officer's Representative (COR), providing direct support to the Transmission Infrastructure Project Team(s). Due to the public sensitivity and scrutiny of anticipated projects the incumbent works closely with all levels of management to ensure projects are tracking with identified timetables and milestones. Works closely with prime contractors, in developing a partnership approach to accomplishment of complex infrastructure construction project(s). Ensures appropriate levels of oversight and control, typically involving internal audit and General Council staff on a regular and ongoing basis.

BASIC REQUIREMENTS:

A. Completion of all mandatory training prescribed by the head of the agency for progression to GS-13 or higher level contracting positions, including at least 4-years experience in contracting or related positions. At least 1 year of that experience must have been specialized experience at or equivalent to work at the next lower level of the position, and must have provided the knowledge, skills, and abilities to perform successfully the work of the position.

AND

- B. A 4-year course of study leading to a bachelor's degree, that included or was supplemented by at least 24 semester hours in any combination of the following fields: accounting, business, finance, law, contracts, purchasing, economics, industrial management, marketing, quantitative methods, or organization and management. (You must submit a copy of your college transcripts with your application).
- C. **Exceptions:** Employees in GS-1102 positions will be considered to have met the standard for positions they occupy on January 1, 2000. This also applies to positions at the same grade in the same agency or other agencies if the specialized experience requirements are met. However, they will have to meet the basic requirements and specialized experience requirements in order to qualify for promotion to a higher grade, unless granted a waiver.
- D. Waiver: When filling a specific vacant position, the senior procurement executive of the selecting agency, at his or her discretion, may waive any or all of the requirements of Paragraphs A and B above if the senior procurement executive certifies that the applicant possesses significant potential for advancement to levels of greater responsibility and authority, based on demonstrated analytical and decision making capabilities, job performance, and qualifying experience. With respect to each waiver granted under this Paragraph D, the senior procurement executive must document for the record the basis of the waiver. If an individual is placed in a position in an agency on the basis of a waiver, the agency may later reassign that individual to another position at the same grade within that agency without additional waiver action.

QUALIFICATION REQUIREMENTS: Applicants must have had a total of 1 year specialized experience that has equipped them with the particular knowledge's, skills and abilities to perform successfully the duties of the position, and that is typically related to the work of this position. **Specialized experience:** Experience as a Contracting Officer implementing Bonneville Purchasing Instructions (BPI), Federal Acquisition Regulations (FAR), or other government purchasing instructions; and establishing or administering partnership agreements.

<u>Note:</u> In order to be rated as qualified for the position, we must be able to determine that you meet the specialized experience requirement - please be sure to include this information in your application. To be creditable, specialized experience must have been equivalent to the next lower grade of the position to be filled. Applicants who have qualifying experience performed on less than a full-time basis must specify the percentage and length of time spent in performance of such duties.

<u>BASIS OF RATING:</u> No written test is required. If qualified, ratings will be based on an evaluation of the quality and extent of experience, education, and training in relation to the following knowledge's, skills, and abilities. Applicants should submit narrative responses to the following KSA's. Failure to submit your narrative responses to the KSA's for this position may negatively affect your eligibility and/or rating.

- 1. Knowledge of Federal Government purchasing regulations and processes, financial assistance regulations, and commercial business practices. (Discuss your experience working with Federal Acquisition Regulations (FAR), Bonneville Purchasing Instructions (BPI), or other government purchasing instructions, various contract types, pricing methods, contract administration, negotiation techniques, and commercial business practices. Describe your experience applying this knowledge to satisfy customer expectations.)
- 2. Experience contracting for a wide range of services. (Describe your experience contracting for a wide range of services which included construction services, blue collar, administrative, technical, and professional services; and Information Technology (IT) hardware, services, software, maintenance, and license agreements. Discuss experience performing contracting services from pre-award through award, administration, and closeout Describe the scope and complexity of the assignment. (i.e. dollar value, multiple/staged deliverables, complexity of requirements, and number of clients.)

- 3. Ability to communicate well both orally and in writing. (Discuss your experience communicating with peers, management, internal and external clients, state and federal government organizations, Tribal governments, and members of the business community. Describe negotiation experience; include the scope and complexity, and any hostile or adversarial circumstances you mediated or negotiated and the final outcome Discuss experience with protests, disputes and terminations, and outcome.)
- **4. Skill in partnering and teamwork.** (Discuss your experience working with co-workers, peers, management, internal and external clients, other government entities (to include Tribal Government), and the business community.)
- **5.** Knowledge of a variety of computer software programs and applications. (Discuss your experience using an enterprise system¹ and various computer software programs and applications in the conduct of contracting work. List the individual programs and applications you have used, and your level of experience and expertise in each. Describe your experience working with various e-procurement tools² and methods. Discuss the types of tools and methods used, the scope and complexity, and your level of responsibility.)

¹Enterprise System is an integrated computer software package designed to support a broad range of activities within a business organization or governmental agency.

²E-procurement is the business-to-business purchase and sale of supplies and services over the Internet.

APPLICATION INFORMATION:

There is no specific required application form. There is specific information that you are required to submit. For further information on completing your application, please refer to the statement below "Required Information on Resumes."

- Applicants may, at their choice, submit a resume, the Optional Application for Federal Employment (OF 612), a copy of the obsolete Application for Federal Employment (SF 171), or any other written application format.
- All applications must contain sufficient information to determine eligibility for the position.
- Applicants will not be contacted for missing information. Material received after the closing date will not be accepted.

HOW TO APPLY:

Submit your application with supplemental information. It must be received with the application. Your application package should include the following:

- 1. Your resume, or other application, that fully describes your education and experience.
- 2. Narrative responses to Knowledges, Skills, and Abilities
- 3. College transcripts (REQUIRED Copies are acceptable).
- 4. If you are applying for consideration with 5-point veteran's preference, you must provide a copy of your DD-214 (Member 4).
- If you are applying for consideration with 10-point veteran's preference, you must provide a copy of your DD-214 (Member 4), Standard Form 15 (Application for 10-Point Veteran Preference), and documented proof of claim as specified on SF-15.
- 6. All applicants are encouraged to complete and submit DOE F 1600.7e, Applicant Disability, Race/National Origin and Sex Identification form (attached or may be accessed at: http://www.directives.doe.gov/pdfs/forms/1600-7.pdf.
- 7. OF-306 (revised 1/01), Declaration for Federal Employment

REQUIRED INFORMATION ON RESUME*:

- 1. Announcement number, title, and grade of the position for which you are applying.
- 2. Your full name, mailing address, and day and evening telephone number.
- 3. Your e-mail address (please provide if available failure to provide will not effect the processing of your application.)
- 4. Your Social Security Number.
- 5. Country of citizenship.
- High school attended which includes name of high school, location (city/state), and date of diploma or GED.
- 7. Work experience (Paid and non-paid experience related to the job for which you are applying. Include job title ((YOU MUST INCLUDE SERIES AND GRADE IF FEDERAL JOB), duties and accomplishments, employer's name and address, supervisor's name and phone number, starting and ending dates (including month and year), salary, hours worked per week, salary).
- 8. Indicate if we may contact your current supervisor.
- A list of other job related training, skills (for example, languages, tools, machinery, typing speed, etc.), certificates and licenses, honor societies, awards, professional membership, publications, leadership activities, performance awards, etc.
- **Please note that if your resume or application does not provide all the information requested in the vacancy announcement, you may lose consideration.

FORMS AVAILABILITY: All application materials may be obtained from all Bonneville Power Administration Human Resources offices (2401 NE Minnehaha, Construction Services Building, Vancouver, WA 98663; or 905 NE 11th Avenue,

Portland, OR 97232), or by calling 360-418-2090 or 503-230-3055. You may also download a copy of this announcement, including all forms from our website at http://www.jobs.bpa.gov./

If you have guestions, you may call the Staffing Center, 360-418-2090 or 503-230-3055.

Applicants should retain a copy of their application as BPA does not return applications or provide copies.

WHERE TO APPLY:

If mailing your application, please send to the following address: Bonneville Power Administration, ATTN: Personnel Services – CHP/CSB-2, PO Box 491, Vancouver, WA 98666, (street address): 2401 NE Minnehaha Street, Vancouver, WA 98663

If applications are delivered in person, they can be delivered to the address above **OR** to: Bonneville Power Administration, Personnel Services, 905 NE 11th Avenue, Portland, OR 97232.

RECEIPT OF APPLICATION:

Your complete application must be received no later than 12 midnight Pacific Daylight ime (PDT) of the closing date to be accepted. Applications submitted by fax or e-mail must be time/date stamped or electronically postmarked at point of origin no later than 12 midnight PDT.

Applicants will be notified of receipt of their application package.

FAX APPLICATIONS:

Faxed applications should be sent to **360-418-2063**. Applicants are responsible for ensuring that application materials transmit successfully.

EMAIL APPLICATIONS:

Applications should be sent as email attachments to: jobs@bpa.gov. The Announcement Number must be included in the subject line of the email. Required forms may be sent as email attachments, may be faxed, or sent as hard copy. Application materials provided by different means must be cross–referenced so they may be combined at BPA. Applicants who apply by email will receive an email confirmation. Applicants are responsible for ensuring that application materials are formatted in a manner that will transmit successfully.

THE BONNEVILLE POWER ADMINISTRATION IS A HARASSMENT FREE WORKPLACE.

www.va.gov	http://www.jobs.bpa	www.usajobs.opm.gov	http://www.opm.gov/qualifications/index.htm
Veterans	Bonneville Power	Office of Personnel	Office of Personnel Management
Administration	Administration	Management Jobs	

DOE F 1600.7e

APPLICANT DISABILITY, RACE/NATIONAL ORIGIN AND SEX IDENTIFICATION

(Please read the Instructions and Privacy Act Statement before completing this form)

OMB Burden Disclosure Statement

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Information Resources Management Policy, Plans, and Oversight, Records Management Division, HR-422-GTN, Paperwork Reduction Project (1910-0600), U.S. Department of Energy, 1000 Independence Avenue, S.W., Washington, DC 20585; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-0600), Washington, DC 20503.

PRIVACY ACT STATEMENT

This data is being collected to plan and evaluate the agency's recruitment of persons with disabilities, minorities and women, and to help ensure that agency personnel practices meet the requirements of Federal law and regulation. The data you supply will be used for statistical analysis only. SUBMISSION OF THIS INFORMATION IS VOLUNTARY. Failure to provide this information will have no effect on the processing of your application for Federal employment. Individual personnel selections are not made based on this information.

Authority: Sections 1302, 3301, 3302, 3304 and 7201 of Title 5n of the U.S. Code; Section 2000e of Title 42 U.S. Code: and Section 791 of Title 29 of the U.S. Code.

Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397 (November 22, 1943), which requires agencies to use the SSN as the means for identifying individuals in Personnel information systems. It will be used only for that purpose. Submission of your SSN is voluntary and failure to furnish your SSN on this form will have no effect on your application.

Vacancy Announcement Number		Position Title, Series, Grade			
Name (Last, First, Middle Initial)		Social Security Number			
Sex	MALE	FEMALE			
SECTION A. DISABILITY STATUS A person is disabled if he or she has a physical or mental impairment, which substantially limits one or more major activities. Please read the disability descriptions below and then write the two-digit numeric code in the box above which describes your disability, if any. If you have more than one disability, choose the one which results in the most substalimitation. NOTE: Please place only ONE two-digit code number in the box.					
05. I do not have a disability	05. I do not have a disability				
16. Total deafness in both ears, with or without understandable speech.					
23. Inability to read ordinary size print, not correctable by glasses (can read oversize print or use assisting device)					
25. Blind in both eyes (no usable vision, may have some light perception).					
28. Missing one arm or one leg.					
33. Missing hands or both arms or both feet or both legs.					

64. Partial paralysis of both hands. Partial paralysis of both legs, any part, or both arms, any part.

35. Missing one hand or arm and one foot or leg.

65. Partial paralysis of both legs, any part, or both arms, any part.

APPLICANT DISABILITY, RACE/NATIONAL ORIGIN AND SEX IDENTIFICATION

67. Partial paralysis of one side of the body, including one arm and one leg.

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68.	68. Partial paralysis of three or more major parts of the body (arms and legs)					
71.	71. Complete paralysis of both hands or both arms or both legs.					
72.	Complete paralysis of one arm of	or one leg				
76.	Complete paralysis of lower hal	f of body,	including legs.			
77.	Complete paralysis of one side of	of body, in	cluding one arm and one leg.			
78.	Complete paralysis of three or r	nore majo	or parts (of body) (arms and legs).			
82.	Convulsive disorder (e.g. epilep	sy).				
90.			g condition involving a limited ability to learn, to be educated, and to be trained ified by a state vocational rehabilitation agency).			
91.	Mental or emotional illness (a h	istory of t	reatment for mental or emotional problems).			
92.	Severe distortion of limbs and/o	r spine (e	g. dwarfism, severe distortion of the back).			
06.	I have a disability, but it is not li	sted abov	e. Describe:			
The the	SECTION B. RACE/NATIONAL ORIGIN The categories below provide descriptions of race and national origins. Read the descriptions and then check the box next to the category with which you identify yourself. If you are a mixed race and/or national origin, select the category with which you identify yourself. NOTE: Please mark only ONE box.					
A.	American Indian or Alaskan Native		A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition or tribal affiliation.			
В.	Asian or Pacific Islander		A person having origins in any of the original peoples of the Far East, Southeast Asia, the India subcontinent, or the Pacific Islands. For example: China, India, Japan, Korea, the Philippine Islands, Samoa and Vietnam.			
C.	Black, not of Hispanic origin		A person having origins in any of the black racial groups of Africa. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins.			
D.	Hispanic		A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. This does not include persons of Portuguese culture or origin.			
Е.	White, not of Hispanic origin		A person having origins in any of the original peoples of Europe, North Africa or the Middle East. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American cultures of origins.			

F. Other	A person not included in th	e above categories.
In order for us to assess the ef	fectiveness of our Recruitment e	fforts please identify how you learned about
	riate box and providing the name	1 2
Internet web-site	Newspaper Ad Trade Jo	Other (Please indicate)

Declaration for Federal Employment

GENERAL INFORMATION	V						
1. FULL NAME (First, middle, last)				2. SOCIAL SECURITY NUMBER			
3. PLACE OF BIRTH (Include City and State or Country)				4. DATE OF BIRTH (MM/DD/YY)			
5. OTHER NAMES EVER USED (For e	example, maiden name, r	nickname, etc.)	6. PHONE N DAY NIGHT	DAY			
	Selectiv	e Service Registra	ion				
If you are a male born after Decembe that you must register with the Select				oyment law (5 U.S.0	C. 3328) r	requires	
7a. Are you a male born after Decem	ber 31, 1959?	YES	NO If "NO" skip 7b and 7c. If "YES" go to 7b.				
7b. Have you registered with the Selectiv 7c. If "NO", describe your reason(s)		YES	□ NO If	NO If "NO" go to 7c.			
MILITARY SERVICE							
8. Have you served in the United States Military? If you answered "YES", list the branch, dates, and type of discharge for all active duty. If your only active duty was training in the Reserves or National Guard, answer "NO".			□ NO	0			
BRANCH	FROM	то	TYPE OF DISC	HARGE			
	MM/DD/YYYY	MM/DD/YYYY					
BACKGROUND INFORMA	TION						
For all questions, provide all additional	requested information		ached sheets. The o	circumstances of each	event you	u list will	
be considered. However, in most cases yo	ou can still be considered	I for Federal jobs.					
For questions 9, 10, and 11, your answers							
\$300 or less, (2) any violation of law comr juvenile court or under a Youth Offender la							
conviction whose record was expunged up			outil Corrections At	or or similar otate law,	and (5) an	ıy	
9 During the last 10 years, have you hee	a convicted heen imprise	aned been on probation	or been on parole? (I	ncludes felonies			
 During the last 10 years, have you been convicted, been imprisoned, been on probation, or befirearms or explosives, violations, misdemeanors, and all other offenses.) If "YES", use item 16 						NO	
the violation, place of occurrence, and the	name and address of the	e police department or co	urt involved.				
10. Have you been convicted by a military	court-marital in the past	10 years? (If no military s	ervice, answer "NO"	.) If "YES", use item	YES	NO	
16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the mil			ddress of the militar	y authority or court	_		
involved.							
11. Are you now under charges for any violation of law? If "YES", use item 16 to provide the date, of occurrence, and name and address of the police department or court involved.			date, explanation of	the violation, place	YES	NO	
or occurrence, and hame and address or the police department or court involved.							
12. During the last 5 years, were you fired from any job for any reason, did you quit after being told that you would be fired, did you					YES	NO	
leave any job by mutual agreement becau							
Personnel Management? If "YES", use ite employer's name and address.	rri To lo provide l'ile dale,	, an explanation of the pr	bierri and reason for	leaving, and the	Ш	Ш	
13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home					YES	NO	
mortgage loans.) If "YES", use item 16 to							
taking to correct the error or repay the del					_	_	

Optional Form 306 Revised January 2001 Previous editions obsolete and unusable

Declaration for Federal Employment

Bedia ation for reactar Employment			
	Electronic Fori	m Appr	
ADDITIONAL QUESTIONS		YES	NO
14. Do any of your relatives work for the agency or organization to which you are submitting this form? (Includes husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law daughter-in-law, brother-in-law, sister-in-law, stepfather, stepson, stepdaughter, stepbrother, stepsister, halfbroth "YES", use item 15 to provide the name, relationship, and the Department, Agency, or Branch of the Armed Force relative works.	v, son in-law, ner, and halfsister.) <i>If</i>		
15. Do you receive, or have you ever applied for, retirement pay, pension, or other pay based on military, Federa of Columbia Government service?	l civilian, or District	YES	NO
CONTINUATION SPACE/AGENCY OPTIONAL QUESTIONS	_		
16. Provide details requested items 7 through 15 and 18c in the continuation space below or on attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any que as instructed (these questions are specific to your position and your agency is authorized to ask them).			
CERTIFICATIONS/ADDITIONAL OUTESTIONS APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answer sheets. When this form and all attached materials are accurate, read item 17, and complete 17a. APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, materials that your agency has attached to this form. If any information requires correction to be accurate as of the on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all of the control of the attachments and/or provide updated information on additional sheets, initialing and dating all of the control of the attachments.	including any other app ne date you are signing,	lication make cha	
and attached materials are accurate, read item 17, and answer 18a, 18b, and 18c as appropriate. 17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration	n for Federal Employme	ent, includ	ing
any attached application materials, is true, correct, complete, and made in good faith. I understand that a false on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after by fine or imprisonment. I understand that any information I give may be investigated for purposes of determine by as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialist the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, he sources of information, a separate specific release may be needed, and I may be contacted for such a release at	or fraudulent answer t I begin work, and may ning eligibility for Federa r Federal employment b ts, and other authorized alth care professionals,	to any qu	estion shable ment ers, es of
17a. Applicant's Signature: Date	APPOINTING OF Enter Date of Appointmen	nt or Conve	rsion
(Sign in ink)	MM/DD/Y`	YYY	
17b. Appointee's Signature:			

(Sign in ink)

^{18.} **Appointee (Only Respond only if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job?	MM / DD / YYYY			
, , ,	DATE:			
18b. When you worked for the Federal Government th	e last time, did you waive Basic Life Insurance or	YES	NO	DO NOT KNOW
any type of optional life insurance?				
18c. If you answered "Yes" to item 18b, did you later c	ancel the waiver(s)? If your answer to item	YES	NO	DO NOT KNOW
18c is "No", use item 16 to identify the type(s) of insura	ance for which waivers which were not cancelled.			
				Ontional Form 306

U.S. Office of Personnel Management

NSN 7540-01-368-7775

Optional Form 306
Revised January 2001
Previous editions obsolete and unusable
FILE CODE: PE-20-12
RETENTION: CHR/CF = 2 YRS; OTHERS = A